



## Ketamine Treatment Clinic Financial Agreement

### Financial Policy

- We are committed to providing you with the best possible care.
- Payment is due in full at the time of service, unless you have made payment arrangements in advance with our business office.

### Missed Appointments

- Please help us serve you better by keeping scheduled appointments.
- Unless cancelled at least 48 hours in advance, our policy is to charge a NO SHOW FEE for missed office appointments.

I wish to participate in Ketamine Infusion Therapy at New Tampa Interventional Pain & Sports Medicine. I understand and acknowledge that Ketamine Infusion Therapy may **NOT** be covered by either federal or private payors and that my personal healthcare insurance may **NOT** cover Ketamine Infusion Therapy. Thus, I agree and acknowledge that I must pay by cash or major credit card all related healthcare costs related to the Ketamine Infusion Therapy at New Tampa Interventional Pain & Sports Medicine.

By signing below, I accept and acknowledge that I am opting out of New Tampa Pain utilizing my healthcare insurance for the Ketamine Infusion Therapy and accept paying cash or major credit card for these services.

I understand clearly that Ketamine infusion therapy is NOT FDA approved.

I HAVE READ the Financial Policy. I UNDERSTAND and AGREE to this Financial Policy. I GUARANTEE payment of all charges incurred for this account. I hereby assign benefits to New Tampa Interventional Pain & Sports Medicine for all claims submitted to my insurance on my behalf. I further agree to pay any attorney's fee, court cost, and related collection fees incurred.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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